



BURMA – COMPLEX EMERGENCY

FACT SHEET #1, FISCAL YEAR (FY) 2018

DECEMBER 19, 2017

NUMBERS AT A GLANCE

53.8 million

Total Population of Burma
UN – November 2017

8.3 million

People Residing in
Conflict-Affected Areas
UN – November 2017

862,851

People in Need of
Humanitarian Assistance in
Burma
UN – November 2017

654,963

People Newly Displaced to
Bangladesh
UN – December 2017

128,908

IDPs in Rakhine State Prior
to August
UN – November 2017

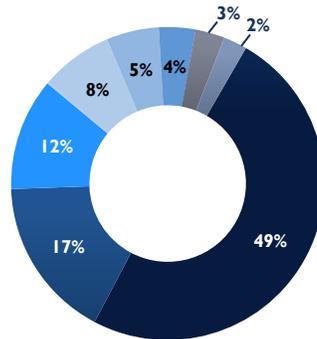
91,739

IDPs in Kachin State
UN – November 2017

15,006

IDPs in Shan State
UN – November 2017

USAID/OFDA¹ FUNDING BY SECTOR IN FY 2017–2018



- Water, Sanitation & Hygiene (49%)
- Protection (17%)
- Health (12%)
- Nutrition (8%)
- Agriculture & Food Security (5%)
- Economic Recovery & Market Systems (4%)
- Shelter & Settlements (3%)
- Logistics Support & Relief Commodities (2%)

USAID/FFP² FUNDING BY MODALITY IN FY 2017–2018



- Local & Regional Food Procurement (40%)
- Cash Transfers for Food (25%)
- RUTF (31%)
- Logistics Support (4%)

HIGHLIGHTS

- Ongoing violence and insecurity in Rakhine State prompts nearly 655,000 people to flee to Bangladesh
- Access constraints impede delivery of assistance to conflict-affected populations in Burma
- USG provides additional \$7.6 million to support nutrition activities for refugees in Bangladesh

HUMANITARIAN FUNDING FOR THE BURMA RESPONSE IN FY 2017–2018

USAID/OFDA	\$7,725,661
USAID/FFP	\$27,848,798
STATE/PRM ³	\$123,102,484

\$158,676,943

KEY DEVELOPMENTS

- Insecurity and military operations in Burma’s Rakhine State have prompted approximately 655,000 people to flee to neighboring Bangladesh since August 25, according to the International Organization for Migration (IOM). The new arrivals join nearly 213,000 predominantly Rohingya refugees who fled Burma prior to August, bringing the total number of Burmese refugees in Bangladesh to nearly 868,000 people.
- Ongoing violence in Burma’s Kachin and Shan states has resulted in deteriorating humanitarian conditions and prevented the return of internally displaced persons (IDPs) to areas of origin, the UN reports.
- In early December, USAID/FFP provided approximately \$7.6 million to the UN Children’s Fund (UNICEF) to support nutrition programming in Bangladesh. Through the new contribution, the UN agency will provide ready-to-use therapeutic foods (RUTF) to 69,000 children experiencing severe acute malnutrition (SAM) and conduct community-based interventions to manage acute malnutrition.

¹ USAID’s Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID’s Office of Food for Peace (USAID/FFP)

³ U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM)

INSECURITY, DISPLACEMENT, AND HUMANITARIAN ACCESS

Rakhine State

- On August 25, the Arakan Rohingya Salvation Army (ARSA) attacked Government of Burma checkpoints and police posts in northern Rakhine's Buthidaung, Maungdaw, and Rathedaung townships, resulting in Government of Burma military operations to secure the area. During this period, Médecins Sans Frontières recorded an estimated 9,000 Rohingya fatalities, including 6,700 fatalities due to violent injuries, according to retrospective mortality surveys conducted in six displacement sites in Bangladesh's Cox's Bazar District.
- The violence prompted significant population displacement, including approximately 26,700 ethnic Rakhine and other minorities, who fled the initial attacks and military operations, the UN reports. The majority of this population had returned to areas of origin in Rakhine as of late November, according to the International Federation of the Red Cross and Red Crescent Societies (IFRC). The total number of IDPs in northern Rakhine remains unknown due to ongoing population movements, limited humanitarian access to affected populations since August, and the lack of official estimates of the number of displaced Rohingya in Rakhine.
- In northern Rakhine, government-imposed bureaucratic impediments and opposition from ethnic Rakhine communities are hindering the delivery of humanitarian assistance to conflict-affected communities. Although some UN agencies have received authorization to provide assistance in Buthidaung, Maungdaw, and Rathedaung, Red Cross agencies are the only humanitarian organizations to receive consistent permission from the Government of Burma for international staff to access affected areas. Other international non-governmental organization (INGO) and UN agency staff lack access and rely on local partners and staff to conduct small-scale relief activities.
- Local Rakhine groups in central Rakhine State, particularly Kyauktaw, Minbya, and Mrauk-U townships, are increasingly restricting Rohingya communities' labor and movement opportunities, the UN reports. Pressure on employers to refrain from hiring Rohingya laborers and restrictions on fishing activities have resulted in reduced income-generating opportunities for Rohingya. In addition, decreased trade between Rohingya and non-Rohingya communities has limited vulnerable populations' access to markets, exacerbating food insecurity and resulting in negative coping mechanisms, such as selling assets for food, according to the UN.
- Humanitarian access in central Rakhine has improved in recent weeks, with the majority of INGO staff receiving Government of Burma travel authorizations (TAs) to resume relief activities. However, the short duration of TA validity and frequently changing application procedures continue to hinder consistent access to affected communities, according to relief actors. In addition, although most relief activities have resumed, service disruptions and reduced humanitarian activities continue to impact IDPs and conflict-affected communities. From November 1–30, approximately 117,000 people had reduced access to protection services and 18,000 people experienced disrupted access to water, sanitation, and hygiene (WASH) services in central Rakhine, the UN reports.

Kachin and Shan States

- Sporadic armed clashes and the inability to rebuild destroyed infrastructure in Kachin continue to hinder returns to areas of origin for more than 91,000 IDPs, according to the UN. In addition, humanitarian access to populations in need in Kachin remains limited, with the majority of INGOs and UN agencies unable to reach areas outside of government control—where 40 percent of IDPs reside—since May 2016, the UN reports. In government-controlled areas, new restrictions and increasingly long TA processing times have reduced humanitarian access to some IDP sites outside of urban areas. From May to December, the number of approved TAs with restricted access—meaning humanitarian actors are not permitted to travel outside of urban areas, where the majority of IDPs reside—increased from 23 percent to 48 percent in Kachin and northern Shan, the UN reports. The Government of Burma approved 10 percent of unrestricted TA applications in December, according to the UN.
- Local non-governmental organizations (NGOs)—which conduct the majority of response activities in Kachin—face increasing difficulty providing humanitarian assistance, including protection, shelter, and WASH services, according to the UN. The inability to provide shelter maintenance services has negatively impacted shelters and camp infrastructure, including sanitation facilities. In addition, the Government of Burma has prevented the delivery of relief commodities and winterization kits in some areas outside its control, the UN reports.

- Sporadic fighting between armed groups and Burmese security forces, as well as between multiple ethnic armed groups, displaced more than 160 people from northern Shan’s Namtu Township in late October. Although those displaced from Namtu have returned to areas of origin, more than 15,000 displaced people continue to reside in camps in northern Shan. The protracted nature of the conflict has increased protection risks, including forced labor or recruitment, gender-based violence (GBV), human trafficking, and land confiscation, the UN reports.

Bangladesh

- Armed attacks and subsequent military operations in Rakhine prompted nearly 655,000 people, the majority of whom are Rohingya Muslims from Burma’s Rakhine State, to flee to Bangladesh between August 25 and December 18, according to the Bangladesh-based UN Inter-Sector Coordination Group (ISCG)—a humanitarian response coordinating body comprising UN agencies, INGOs, and other stakeholders. The new arrivals join an estimated 213,000 predominantly Rohingya refugees who fled previous outbreaks of violence in Burma, bringing the total number of Burmese refugees in Bangladesh to nearly 868,000 people.
- On November 23, the Governments of Burma and Bangladesh signed a repatriation plan for Rohingya refugees who arrived in Bangladesh after October 2016, aiming to begin voluntary returns by January 23, 2018. The two governments agreed that the Government of Burma will implement measures to promote stability in northern Rakhine and reduce population movements into Bangladesh, including by increasing access to essential services and income opportunities for Rohingya, allowing freedom of movement in accordance with existing laws, and issuing national verification cards to returnees. The governments also established criteria for return, requiring that returnees possess citizenship or registration documentation, as well as evidence of residency in Burma. Further, the repatriation plan emphasizes that all returns must be voluntary in nature. However, relief actors have raised concerns regarding challenges to establishing sustainable conditions for voluntary returns in Rakhine in the near future.
- Although population movements decreased in November and December, refugees continue to arrive in Bangladesh, reporting insecurity, harassment, and lack of food and income-generating opportunities in Rakhine as primary drivers of displacement, the UN reports. Humanitarian stakeholders warn that without addressing the underlying causes of displacement, voluntary returns to Burma are unlikely to occur in the near future.

FOOD SECURITY AND NUTRITION

Rakhine State

- In early December, USAID staff traveled to three IDP camps in central Rakhine’s Pauktaw and Sittwe townships to monitor humanitarian conditions, assess food needs, and coordinate response activities with relief partners. During the visit, USAID/FFP staff noted that most USAID-funded food distributions and relief activities in central Rakhine have resumed, following suspensions in August; however, access constraints and funding gaps have limited the resumption of nutrition activities. In addition, households at each of the IDP camps visited by USAID/FFP staff reported the loss of income-generating opportunities since August due to government-implemented restrictions on fishing.
- During a trip to conflict-affected areas in northern Rakhine, USAID/OFDA staff observed that food is available locally in many areas. However, access to income-generating opportunities and the ability to harvest crops remain key challenges for both Rohingya and non-Rohingya communities. In addition, loss of income, the disruption or destruction of local markets, lack of a labor force to harvest crops, fear of further violence, and movement restrictions on Rohingya are impeding communities’ ability to purchase food, according to USAID/OFDA staff. The UN World Food Program (WFP) and partners have distributed emergency food assistance to approximately 33,500 people in northern Rakhine since resuming operations on November 6; activities were suspended in late August due to insecurity and Government of Burma-implemented restrictions.
- With USAID/FFP support, WFP is providing emergency food assistance—including in-kind and cash-based assistance—to populations in Kachin, Rakhine, and Shan. In addition, USAID/FFP is supporting UNICEF to dispatch 200 metric tons of RUTF for vulnerable children in Rakhine. The UN agency is also establishing integrated management of acute malnutrition (IMAM) programs in Ayeyarwady, Chin, Kayin, Magway, Rakhine, and Shan states, aiming to reach approximately 16,000 children ages 6–59 months experiencing SAM. Through the IMAM approach, UNICEF seeks to

improve acute malnutrition screening of children and build the capacity of communities and local health authorities to address malnutrition.

Bangladesh

- Approximately 75 percent of households surveyed in ten zones of the Kutupalong displacement site—which hosts an estimated 547,000 Burmese refugees—in Cox’s Bazar reported that food assistance remains a priority need, according to a November assessment conducted by the Office of the UN High Commissioner for Refugees (UNHCR). In response, WFP and four INGOs provided emergency food assistance to approximately 507,000 people in Bangladesh from November 28 to December 4. While the food distributions are providing critical support to food-insecure populations, recent WFP assessments in Bangladesh indicate a need for increased dietary diversity to increase the caloric and nutrient intake of refugee populations.
- More than 80 percent of surveyed refugees in Cox’s Bazar report relying on local markets as their primary food source, according to a recent Oxfam assessment. WFP assessments indicated that local markets in Cox’s Bazar have the capacity to meet food needs through market-based interventions, the UN agency reports. In response, WFP has expanded food voucher programs in Cox’s Bazar, aiming to reach approximately 66,100 refugees in the district in the coming months.
- Elevated levels of acute malnutrition persist among existing and new Rohingya refugees in camp-based settings. Nearly 17,000 children ages five years and younger were experiencing SAM, and more than 45,800 children were experiencing moderate acute malnutrition as of December 14, ISCG reports. In total, ISCG estimates that 564,000 people, including refugees and host communities, are in need of nutrition assistance in Cox’s Bazar.
- In response to increasing nutrition needs, UNICEF, the Government of Bangladesh, and other relief actors recently conducted a nutrition campaign to increase acute malnutrition screenings, referrals to treatment centers, deworming, and vitamin A supplementation activities for children experiencing SAM. From November 15–26, humanitarian organizations screened nearly 165,000 children for malnutrition, identified and referred approximately 3,900 SAM cases to outpatient therapeutic programs, dewormed 104,000 children, and provided vitamin A capsules to more than 156,000 children. In addition, WFP established 12 additional blanket supplementary feeding program (BSFP) sites between November 1 and December 4, bringing the total number of WFP-supported BSFP sites in Cox’s Bazar to 16. As of December 7, approximately 50,000 children were enrolled in BSFPs in Cox’s Bazar, WFP reports.
- In early December, USAID/FFP provided UNICEF with nearly \$7.6 million and approximately 920 metric tons of RUTF to support nutrition activities for Burmese refugees in Bangladesh. With USAID/FFP support, UNICEF aims to treat 69,000 children experiencing SAM with RUTF. UNICEF also plans to conduct community-based acute malnutrition management activities and provide complementary services, including community capacity building, infant malnutrition treatment, and nutrition sector coordination support.
- State/PRM supports IFRC, UNICEF, and NGO partners to provide nutrition services to approximately 470,000 refugees and host community members in Cox’s Bazar.

HEALTH AND WASH

Rakhine State

- Humanitarian access constraints severely disrupted or halted INGO-provided health services in central Rakhine IDP camps following the attacks in August, the UN reports. However, access has improved in recent weeks, allowing humanitarian organizations to resume nearly all health and WASH activities in central Rakhine. In northern Rakhine, many humanitarian organizations are unable to resume critical health and nutrition services due to the lack of government approval. In total, the UN estimates that nearly 532,000 people are in need of health assistance and 145,000 people are in need of nutrition assistance in Rakhine.
- Through \$1.4 million in FY 2017 funding, USAID/OFDA supports an INGO to provide health, nutrition, and WASH assistance to IDPs and conflict-affected communities in Pauktaw and Sittwe. The USAID/OFDA-supported program includes desludging latrines, improving water point management, and conducting hygiene promotion campaigns.

- With State/PRM support, Red Cross agencies had distributed approximately 510,000 liters of safe drinking water and provided sanitation services to 8,160 people in Rakhine as of December 12.

Kachin and Shan States

- With USAID/OFDA support, UNICEF is improving access to health care services for IDPs and conflict-affected populations in Kachin and Shan. By providing vaccinations and building the capacity of local staff to manage common childhood diseases, UNICEF is reducing immunization gaps and strengthening health systems. UNICEF is also training traditional birth attendants and auxiliary midwives in newborn and maternal health care and conducting health and hygiene promotion activities.

Bangladesh

- Crowded displacement sites, inadequate WASH facilities, and low vaccination rates have increased the risk of communicable disease outbreaks in Cox’s Bazar, ISCG reports. The significant refugee influx has also strained local hospital capacity. Many of the 170 health facilities near displacement sites provide only primary health care services, while access to obstetric and newborn care remains inadequate. In addition, many new informal settlements, particularly remote displacement sites without road access, lack access to health care services, according to ISCG.
- In early December, health actors reported an outbreak of diphtheria—an infectious airborne disease with a fatality rate of up to 20 percent for children ages five years and younger—in Cox’s Bazar. Between November 8 and December 14, humanitarian organizations identified nearly 1,100 suspected diphtheria cases and reported nearly 20 diphtheria-related deaths, according to ISCG. In response, the UN World Health Organization (WHO) and partners launched an emergency vaccination campaign aiming to provide diphtheria vaccinations to 250,000 children ages six years and younger in Cox’s Bazar on December 10. In addition, health actors are procuring antibiotics to treat people diagnosed with diphtheria, establishing isolation areas to limit the spread of the disease, and disseminating information regarding diphtheria through community health volunteers, WHO reports.
- Health actors reported more than 610 suspected measles cases in Cox’s Bazar between August 25 and November 11. In response, the Government of Bangladesh and humanitarian organizations initiated a measles campaign on November 18, aiming to vaccinate nearly 337,000 children ages 15 years and younger. Humanitarian organizations had vaccinated nearly 324,000 children as of December 1, ISCG reports.
- Of the more than 516,000 medical consultations conducted in Cox’s Bazar from August 25 to December 2, approximately 30 percent were for fever, 25 percent were for acute respiratory infections, and 21 percent were for acute watery diarrhea (AWD), according to WHO. Health actors recorded nearly 63,800 AWD cases and approximately 270 deaths—primarily due to acute respiratory infections, injuries, cardiovascular disease, neonatal disease, and AWD—from August 25 to December 2, WHO reports.
- Contaminated water sources have also generated health concerns among relief actors. Approximately 64 percent of water sources and 90 percent of household water samples tested in Cox’s Bazar from October 24 to December 14 were contaminated with *Escherichia coli* (*E. coli*) bacteria. Relief actors report that many households in Cox’s Bazar store water in uncovered containers, increasing contamination risks. In response, humanitarian organizations constructed 29,100 temporary latrines, installed nearly 4,370 tube wells, and distributed more than 166,000 hygiene kits at displacement sites in Cox’s Bazar from August 25 to December 14, ISCG reports.
- With State/PRM support, IFRC, IOM, UNHCR, UNICEF, and other NGOs are providing health and WASH assistance to 1.2 million refugees and host community members in Cox’s Bazar.

PROTECTION AND SHELTER AND SETTLEMENTS

Rakhine State

- Reported incidents of GBV against Rohingya in northern Rakhine during the August–September military operations have raised concerns regarding treatment options for survivors in Bangladesh, as well as implications for refugee returns. Recent interviews of Burmese refugees in Bangladesh indicate that Burmese security forces committed acts of GBV against Rohingya women and girls during the military operations, international human rights organizations report. However, an

internal Government of Burma investigation of military conduct during the clearance operations contests these findings, alleging that security forces did not commit acts of violence.

- With USAID/OFDA and State/PRM support, IOM, UNHCR, UNICEF, and other partners are providing protection and shelter services, as well as health, nutrition, and WASH assistance, to more than 400,000 displaced persons in Burma and Bangladesh.

Bangladesh

- Due to safety concerns, many refugees in Cox's Bazar are engaging in negative coping mechanisms, including reducing food consumption to minimize the use of WASH facilities, according to an Oxfam assessment conducted in early November. The assessment identified five main protection threats—limited lighting, minimal freedom of movement for women, risks associated with collecting firewood, GBV incidents, and lack of access to information—that increase the risk of GBV, human trafficking, and other hazards in camp-based settings in Cox's Bazar. The inability to access basic services and income-generated opportunities is also increasing protection risks—including child marriage, drug abuse, human trafficking, and survival sex—for refugees, particularly women and girls, ISCG reports.
- Limited land availability in Cox's Bazar has prevented the expansion of refugee settlements, resulting in overcrowded displacement sites. Many of the 547,000 refugees sheltering at the Kutupalong displacement site reside in overcrowded and hard-to-reach areas. In addition, ISCG reports that 30 percent of shelters in Kutupalong are at high risk of flooding and landslides; overcrowding and extensive terracing of the hills are increasing flood-related risks. Moreover, limited space has hindered relief agencies' efforts to establish safe spaces for women and girls; at least 11 of 28 collective sites in Cox's Bazar have no designated spaces for women and girls, ISCG reports.
- From October 17–November 17, Internews, with support from WFP, surveyed approximately 570 refugees and host community members in Cox's Bazar regarding access to information about humanitarian services. Nearly 80 percent of the surveyed population in Cox's Bazar reported that they lacked sufficient information on available services, and more than 60 percent reported an inability to communicate with relief actors, according to Internews. The NGO noted that more than 70 percent of the interviewed population was illiterate and more than 80 percent did not listen to the radio, indicating critical information gaps among displaced populations. In addition, there are no accessible media in the Rohingya language in Cox's Bazar. Internews warns that the lack of reliable information leaves vulnerable populations susceptible to misinformation and rumors, resulting in increased risks of exploitation, trafficking, and violence.
- State/PRM supports IFRC, IOM, UNHCR, and UNICEF to provide protection and shelter services to approximately 950,000 refugees and affected community members in Cox's Bazar.

INTERNATIONAL HUMANITARIAN ASSISTANCE

- The 2018 Interim HRP for Burma requests approximately \$183 million to assist 832,000 vulnerable people in Kachin, Kayin, Shan, and Rakhine states. The appeal represents a 22 percent increase from the 2017 HRP, which requested \$150 million to target 525,000 beneficiaries. In total, the HRP estimates that nearly 863,000 people—including more than 241,000 IDPs in Kachin, Kayin, Rakhine, and Shan—are in need of humanitarian assistance in Burma.

CONTEXT

- In early June 2011, a ceasefire between the Government of Burma and the Kachin Independence Army (KIA) broke down when fighting between Burmese security forces and the KIA erupted in southeastern Kachin, resulting in population displacement. As of December 2017, an estimated 107,000 people remained displaced in Kachin and northern Shan, with many of the displaced residing in areas outside of Government of Burma control with limited humanitarian access. Local NGOs continue to access displaced populations in KIA-controlled areas, including along the Burma–China border; however, access to some areas remains inconsistent.
- Intercommunal violence in 2012 displaced tens of thousands of people in Rakhine, according to the UN. As of August 2017, approximately 120,000 people remained displaced in central Rakhine, while other vulnerable populations lacked access to basic services and livelihood opportunities due to ongoing tensions and movement restrictions. Many IDPs in Rakhine are Rohingya—a minority group not formally recognized by the Government of Burma and, therefore, effectively stateless and denied rights to citizenship, freedom of movement, and public services. Following attacks by ARSA on northern Rakhine checkpoints and police posts in October 2016 and August 2017, Burmese security forces launched military operations in Buthidaung, Maungdaw, and Rathedaung. Since August 25, insecurity has prompted approximately 655,000 people to flee Burma to Bangladesh, bringing the total number of Burmese refugees in Bangladesh to nearly 868,000.
- On October 18, 2017, U.S. Ambassador Scot A. Marciel reissued a disaster declaration for Burma due to the ongoing complex emergency. USAID/OFDA staff and State/PRM Regional Refugee Coordinators based in Bangkok, Thailand, remain in contact with humanitarian partners in Burma and Bangladesh and continue to conduct assessments in affected areas of Rakhine to evaluate humanitarian conditions, identify relief gaps, and recommend response options.

USG HUMANITARIAN FUNDING FOR THE BURMA RESPONSE IN FY 2017¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
Danish Refugee Council (DRC)	Economic Recovery and Market Systems (ERMS), Protection	Kachin, Rakhine, Shan	\$500,000
Metta Foundation	Agriculture and Food Security, Logistics and Relief Commodities, Protection, Shelter and Settlements, WASH	Kachin, Shan	\$1,000,000
Save the Children/U.S. (SC/US)	Health, Logistics Support and Relief Commodities, Nutrition, WASH	Rakhine	\$1,431,842
Solidarités International	Agriculture and Food Security, ERMS, WASH	Kachin, Rakhine	\$1,600,000
UNICEF	Health, Protection, WASH	Kachin, Rakhine, Shan	\$3,000,000
ZOA	WASH	Rakhine	\$193,819
TOTAL USAID/OFDA FUNDING			\$7,725,661

USAID/FFP³			
UNICEF	RUTF	Rakhine	\$1,166,924
WFP	Cash Transfers for Food	Kachin	\$4,604,924
	Local and Regional Food Procurement	Kachin, Rakhine, Shan	\$7,395,076
WFP	Cash Transfers for Food	Bangladesh	\$2,500,000
	Local and Regional Food Procurement	Bangladesh	\$3,500,000
	Logistics Support	Bangladesh	\$1,000,000
TOTAL USAID/FFP FUNDING			\$20,166,924

STATE/PRM ⁴			
Implementing Partners	Humanitarian Assistance	Burma, Bangladesh, Malaysia, Thailand	\$30,170,793
IFRC	Humanitarian Assistance	Bangladesh	\$2,280,000
IOM	Humanitarian Assistance	Bangladesh, Thailand	\$23,791,691
UNICEF	Humanitarian Assistance	Bangladesh	\$2,250,000
UNHCR	Humanitarian Assistance	Bangladesh	\$12,500,000
UNHCR	Humanitarian Assistance	Southeast Asia	\$4,810,000
TOTAL STATE/PRM FUNDING			\$75,802,484
TOTAL USG HUMANITARIAN FUNDING FOR THE BURMA RESPONSE IN FY 2017			\$103,695,069

USG HUMANITARIAN FUNDING FOR THE BURMA RESPONSE IN FY 2018

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/FFP			
CARE	Food Commodities	Bangladesh	\$119,000
UNICEF	RUTF	Bangladesh	\$7,562,874
TOTAL USAID/FFP FUNDING			\$7,681,874

STATE/PRM			
IOM	Humanitarian Assistance	Bangladesh	\$23,400,000
UNICEF	Humanitarian Assistance	Bangladesh	\$17,300,000
UNHCR	Humanitarian Assistance	Bangladesh	\$6,600,000
TOTAL STATE/PRM FUNDING			\$47,300,000
TOTAL USG HUMANITARIAN FUNDING FOR THE BURMA RESPONSE IN FY 2018			\$54,981,874
TOTAL USG HUMANITARIAN FUNDING FOR THE BURMA RESPONSE IN FY 2017–2018			\$158,676,943

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

² USAID/OFDA funding represents committed or obligated amounts as of December 19, 2017.

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change once purchased.

⁴ USAID/FFP and State/PRM funding includes funding for both Burmese refugees and asylum seekers in the region, as well as IDPs inside Burma.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: www.cidi.org or +1.202.661.7710.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>